

POSITION	INITIALS	ID NO.	DATE
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FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

INDEX OF CLAIMS

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	3/1/763	51		101	
2		52		102	
3		53		103	
4		54		104	
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7		57		107	
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9		59		109	
10		60		110	
11		61		111	
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15		65		115	
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20		70		120	
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23		73		123	
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32		82		132	
33		83		133	
34		84		134	
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37		87		137	
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39		89		139	
40		90		140	
41		91		141	
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48		98		148	
49		99		149	
50		100		150	